

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

APR 05 2006

FAX TRANSMISSION

DATE: April 5, 2006

PTO IDENTIFIER: Application Number 10/769953-Conf. #5062
Patent Number

Inventor: Xianqi KONG et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 279-8900

FROM: LAHIVE & COCKFIELD, LLP

Danielle L. Herritt

PHONE: (617) 227-7400

Attorney Dkt. #: NBI-193

PAGES (Including Cover Sheet): 9

CONTENTS: Certificate of Transmission (1 page)
Transmittal Form (1 page)
Response to Restriction Requirement (without Traverse) (2 pages)
Fee Transmittal PTO/SB/1, in duplicate (2 pages)
Petition for 5 Month Extension of Time Under 37 CFR 1.136(a), in duplicate (2 pages)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

RECEIVED
CENTRAL FAX CENTER

BEST AVAILABLE COPY

APR 05 2006

PTO/SB/07 (09-04)
Approved for use through 07/31/2006. OMB 0851-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

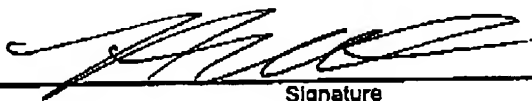
Application No. (if known): 10/763953

Attorney Docket No.: NBI-193

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on April 5, 2006
Date



Signature

Danielle L. Heritt

Typed or printed name of person signing Certificate

43,670

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Response to Restriction Requirement (without Traverse) (1 page)
Transmittal Form (1 page)
Fee Transmittal PTO/SB/17, in duplicate (2 pages)
Petition for 5 Month Extension of Time Under 37 CFR 1.136(a), in duplicate (2 pages)

RECEIVED
CENTRAL FAX CENTER

APR 05 2006

BEST AVAILABLE COPY

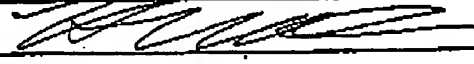
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/763953-Conf. #5062	
	Filing Date	January 23, 2004	
	First Named Inventor	Xianqi KONG	
	Art Unit	1614	
	Examiner Name	J. M. Nolan	
Total Number of Pages in This Submission	7	Attorney Docket Number	NBI-193

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Response to Restriction Requirement		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LAHIVE & COCKFIELD, LLP	
Signature		
Printed name	Danielle L. Herritt	
Date	April 5, 2006	Reg. No. 43,670